

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22	/						72			
23	/						73			
24	/						74			
25	/						75			
26	/						76			
27	/						77			
28	/						78			
29	/						79			
30	/						80			
31	/						81			
32	/						82			
33	/						83			
34	/						84			
35	/						85			
36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	/						91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			